



Payment Plan Agreement

This form is used to request the establishment of a payment plan. An e-mail confirmation will be sent to the cardholder as well as the volunteer to confirm the payment arrangements detailed on this form. **Note: Program fee balances are due in full on the program due date regardless of payment plan.**



Name of Volunteer _____

Volunteer's Email Address _____

Name of Person Making Payment (if different from volunteer) _____

Email Address of Person Making Payment (if different) _____

Payment Information

Cardholder Name _____ Phone Number _____
(As appears on card)

Billing Address of Cardholder _____

Visa / MasterCard / Discover / Amex Card Number _____
(Circle One)

Exp Date ____ / ____ Security Code _____
MM YY

Proposed Payment Schedule

Please select your currency: US Dollars Canadian Dollars Great British Pounds
(Circle One)

Payment Date (MM/DD/YY)	Amount of Payment

I authorize Cross-Cultural Solutions to charge my credit card on said date(s) above for the said amount(s) above. If the program should be cancelled at any time, it is the responsibility of the Cardholder to contact the Finance Department to terminate the terms of this agreement.

Cardholder Signature _____ Date _____

This form must be signed and faxed to 1-914-380-8494 or emailed to DLewis@crossculturalsolutions.org

